



Maryland Department of Health and Mental Hygiene
Office of Food Protection and Consumer Health Services
Division of Milk Control • (301) 791-4779 • FAX (301) 739-8067
1360 Marshall Street, Hagerstown, MD 21740

APPLICATION FOR A MARYLAND MILK PRODUCER'S PERMIT

Instructions:

1. Complete and sign application.
2. Mail completed application to above address.

Producer 's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Farm Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Location of Farm: (Please describe location, beginning with Post Office town)

Please answer the following:

1. Does the above farm currently operate under a Maryland Milk Producer's Permit?
Yes No

If yes, please list the name of the current permit holder: _____

2. List the name or the Cooperative or Company that will market your milk:

Application is hereby made for a Milk Producer's Permit in accordance with Health-General Article 21, Subtitle 4, of the Annotated Code of Maryland.

I understand that issuance of this Permit is conditional, and is based on my consent to inspections by the Division of Milk Control, to determine compliance with Applicable Laws and Regulations. I also understand that failure to allow inspections may result in the suspension or revocation of this permit.

Signature

Date

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____

PERMIT #: _____

PATRON #: _____

DATE OF INSPECTION: _____

RECEIVER: _____

DMC APPROVAL: _____

DATE OF APPROVAL: _____

